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| City of Durant 402 6 th Street PO Box 818 Durant, IA 52747-0818 | (Ph) 563.785.4451 (Fax) 563.785.6809 |
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EMPLOYMENT APPLICATION

The City of Durant Iowa does not discriminate in hiring on the basis of sex, age, race, color, religious creed, marital status, national origin, or physical or mental disability unrelated to ability to perform the work required.

Full Name: _____ Date _____
 First Middle Last

Address: _____ Social Sec. No. _____
Telephone _____ Cell Phone No. _____ Date of birth _____

Position applying for with City of Durant: _____

Are you age 18 or Older: Yes ___ No ___ Have you previously applied? Yes ___ No ___

Are you willing to work any shift? Yes ___ No ___

You must be available to work weekends and holidays.

Are you eligible to work in the United States? Yes ___ No ___ *proof required upon employment.*

Military Service: *The following section is required by Iowa Code 35 C.1*

Have you ever served on active duty in the Armed Forces of the United States?

Yes ___ No ___ Branch _____ Serial # _____ From _____ To _____

Rank upon discharge _____ Duties: _____

Highest Rank attained: _____ Type of discharge: _____

For what war or conflict did you serve? _____

Member of Reserve/National Guard? Yes ___ No ___

Was any type of formal disciplinary action taken against you in the service? Yes ___ No ___

If Yes, describe: _____

Education:

Indicate by circling highest grade completed:

Grade School :1 2 3 4 5 6 7 8 Name of School: _____

High School : 9 10 11 12 Name of School _____ Yr. Graduated _____

College: 1 2 3 4 Name of College or University: _____

Other: _____

Please list any other licenses or certifications completed: _____

EMPLOYMENT RECORD

1. Name _____ From _____ TO _____

Address _____ Telephone _____

Position and Duties: _____

Supervisor _____ Wage Start _____ End _____

Reason for leaving: _____

2. Name _____ From _____ TO _____

Address _____ Telephone _____

Position and Duties: _____

Supervisor _____ Wage Start _____ End _____

Reason for leaving: _____

3. Name _____ From _____ TO _____

Address _____ Telephone _____

Position and Duties: _____

Supervisor _____ Wage Start _____ End _____

Reason for leaving: _____

4. Name _____ From _____ TO _____

Address _____ Telephone _____

Position and Duties: _____

Supervisor _____ Wage Start _____ End _____

Reason for leaving: _____

5. Name _____ From _____ TO _____

Address _____ Telephone _____

Position and Duties: _____

Supervisor _____ Wage Start _____ End _____

Reason for leaving: _____

REFERENCES- (non-relatives)

1.) Name _____ Address _____

Telephone _____ How long acquainted? _____

2.) Name _____ Address _____

Telephone _____ How long acquainted? _____

3.) Name _____ Address _____

Telephone _____ How long acquainted? _____

PERSONAL HISTORY

FULL Name (Last, First Middle) _____

List any/all other names you have used including nicknames, maiden names, and previous married surnames. If you have ever legally changed your name, give the date, city and state. _____

Birth Date: (Month, Day, Year) _____

Residences: List address, city, state, and zip

a.) Present Home address: _____
Telephone number(s) _____

b.) List chronologically ALL of your residences in the past 10 years beginning with the most recent. Include addresses while attending school away from home, and all military addresses including any off military base.

| Date From/To | Street Address/Apt No. | City, State & Zip |
|--------------|------------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Residences in the past 10 years cont'd.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List any club, society or organization that you presently are a member or have been a member of within the last 10 years. Do NOT abbreviate. Attach additional sheets if necessary.

| Name of Organization | Address | Activity or Position |
|----------------------|---------|----------------------|
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Criminal Background

Have you ever been convicted of a serious misdemeanor or felony, or forfeited a bond for any reason? Yes_____No_____

If yes, list below. Include juvenile as well as adult occurrences.

| Nature of Charge | Date | Police Agency | Final disposition |
|------------------|------|---------------|-------------------|
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Driving Record

Indicate the type, place of issue, and expiration date and license number of any vehicle operator's license you currently hold. (You will be required to obtain a valid IOWA license if appointed.) _____

Have you ever been licensed under any other name? Yes _____ No _____

If yes, specify the name, place of issue, expiration date and license number.

How many moving traffic violations have you had in the last 3 years? _____

Has your driver's license in any state ever been revoked? Yes _____ No _____

Do you have any unpaid traffic tickets? Yes _____ No _____

Describe the nature of any and all motor vehicle accidents in which you were involved as a driver. _____

Have you ever been sued as a result of a traffic accident? Yes _____ No _____

Have you ever been convicted of operating a motor vehicle while intoxicated? Yes ___ No ___

Credit Check

The City of Durant will perform a credit check of your financial history.

Have you ever filed for bankruptcy, been sued or had your wages garnished for non-payment of a debt? Yes _____ No _____

Health/Medical History: Have you ever consulted a physician or health services practitioner for treatment concerning:

- | | |
|--------------------------------|---------------------------|
| Y N Cardiovascular | Y N Dizzy Spells/fainting |
| Y N Diabetes | Y N Eyes |
| Y N High or Low blood Pressure | Y N Hearing |
| Y N Back | |
| Y N Fractures | Y N Ulcers |
| Y N Orthopedics | Y N Headaches |
| Y N Hernia | Y N Concussions |
| Y N Communicable Diseases | Y N Respiratory |
| Y N Epilepsy | Y N Allergies |
| Y N Tuberculosis | Y N Surgery |

If you answered yes to any of the above, state condition, treatment and year of treatment.

Have you ever received workman's compensation payments or any other form of disability benefits? Yes___ No___ If Yes, please explain_____

Is your vision 20/20 or better? Yes___ No___

Do you wear glasses or contacts? Yes___ No___ If yes, glasses___ Contacts___ Both___

Are you aware of any physical and/or mental limitation that might possibly prevent you from handling your duties? Yes___ No___

If yes, please explain:_____

Describe in your own words your use of intoxicating liquors:_____

Do you use any tobacco products on a regular basis? Yes___ No___

If yes, please describe:_____

Within the last three years, have you used any form of narcotics or controlled substance not prescribed by your physician? Yes___ No___

If yes, please explain:_____

Please read carefully before signing:

I certify that I have made no willful falsification, misrepresentation or omission in completing this application, and that the entries made by me herein are true, complete and accurate to the best of my knowledge. I understand that, if employed, false or misleading statement on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature below is just cause for rejection on this application.

Signature of Applicant

Date

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session as to protect my reputation.

Signature of Applicant

Date

If you choose to not sign this acknowledgement or request, your application may become public record and considerations of your application may be done in open session.

Please mail applications to City of Durant

Public Safety Committee

PO Box 818

Durant IA 52747-0818

You may drop applications off at: City Hall 402 6th Street Durant IA 52747

No faxing or emailing of application accepted.

Resumes are also recommended with the applications. Any questions, please call city hall 563-785-4451 or email dcavin@cityofdurantiowa.com.